



State of South Carolina

Request For Quote AMENDMENT #1

Solicitation Number: 5400002327
Date Issued: 09/29/2010
Procurement Officer: WAYNE A. TESH, JR. *Wayne A. Tesh*
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DESCRIPTION: Layout and printing of "Count For Good Health in 2011" Calendar

USING GOVERNMENTAL UNIT: South Carolina Department of Health and Environmental Control (DHEC)

The Term "Offer" Means Your "Bid" or "Proposal". Unless submitted on-line, your offer must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior. See "Submitting Your Offer" provision.

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:

SC DHEC
Attn: Procurement Services Division
2600 Bull Street
Columbia SC 29201-1708

PHYSICAL ADDRESS:

SC DHEC
Attn: Procurement Services Division
2600 Bull Street
Columbia SC 29201-1708

SUBMIT OFFER BY (Opening Date/Time): **10/11/2010 14:30:00**

(See "Deadline For Submission Of Offer" provision)

QUESTIONS MUST BE RECEIVED BY: **10/04/2010 14:30:00**

(See "Questions From Offerors" provision)

NUMBER OF COPIES TO BE SUBMITTED: **PLEASE SUBMIT BID ONLINE**

CONFERENCE TYPE: **Not Applicable**
DATE & TIME:

LOCATION: **Not Applicable**

(As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions)

AWARD &
AMENDMENTS

Award will be posted on **10/13/2010**. The award, this solicitation, any amendments, and any related notices will be posted at the following web address: <http://www.procurement.sc.gov>

Unless submitted on-line, you must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date.

(See "Signing Your Offer" and "Electronic Signature" provisions.)

NAME OF OFFEROR

(full legal name of business submitting the offer)

Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.

AUTHORIZED SIGNATURE

(Person must be authorized to submit binding offer to contract on behalf of Offeror.)

TAXPAYER IDENTIFICATION NO.

(See "Taxpayer Identification Number" provision)

TITLE

(business title of person signing above)

STATE VENDOR NO.

(Register to Obtain S.C. Vendor No. at www.procurement.sc.gov)

PRINTED NAME

(printed name of person signing above)

DATE SIGNED

STATE OF INCORPORATION

(If you are a corporation, identify the state of incorporation.)

OFFEROR'S TYPE OF ENTITY: (Check one)

(See "Signing Your Offer" provision.)

☐ Sole Proprietorship

☐ Partnership

☐ Other _____

☐ Corporate entity (not tax-exempt)

☐ Corporation (tax-exempt)

☐ Government entity (federal, state, or local)

(Return Page Two with Your Offer)

PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE: Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (11-35-1524(C)(1)(i)&(ii)) or the Resident Contractor Preference (11-35-1524(C)(1)(iii)). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)).

☐ In-State Office Address same as Home Office Address

☐ In-State Office Address same as Notice Address (check only one)

AMENDMENT #1

SOLICITATION NUMBER: **5400002327**

1. All bidders submitting their response in the online system are requested to attach their Bidding Schedule under the “My Notes” tab of the online solicitation on the main page. (A copy of the Bidding Schedule found in the solicitation is located at the end of this document for reference.)
- 2) The (Opening Date/Time) of the Request for Quote is changed
FROM: **10/07/2010 14:30:00**
TO: **10/11/2010 14:30:00**
- 3) The Award posting date is changed
FROM: **10/11/2010 14:30:00**
TO: **10/13/2010 14:30:00**

ANSWER QUESTIONS:

- 4 a) **QUESTION:** Per the Specification Sheet: Layout program. Is QuarkXpress 8 acceptable?
ANSWER: Yes.
b) **QUESTION:** If not, is InDesign CS4 acceptable? **ANSWER:** Yes, The State of S.C. Printing Specification Sheet is changed to allow the successful vendor to produce the “Layout Program” and Graphics Program” in a format of their own choice. DHEC must receive along with the print job a PDF of the calendar on a CD.
- 5 a) **QUESTION:** Page 14 Graphic Design, item 2. Typesetting is the vendor responsibility. Will the Agency provide health tips content to be included with the furnished hi-res photos?
ANSWER: DHEC will provide health tips contents.
b) **QUESTION:** Is this the same info as previous year or updated materials? **ANSWER:** New materials.
- 6 a) **QUESTION:** Page 14 Graphic Design, item 3.
Can sample pdf of existing calendar (entire or a few pages) be provided beforehand for layout review in bid process? **ANSWER:** No, however, vendors may make an appointment with the procurement officer to see a sample of last year’s calendar.
b) **QUESTION:** Will the Agency provide health tips content to be included with the furnished hi-res photos? **ANSWER:** See answer in #5 above..
7. **QUESTION:** Page 15: Layout Template and Tips for Layout on CD: software: Microsoft Word 2000. Will the layout Template be the artwork layout for 2010? What software? InDesign CS4?
ANSWER: The layout will be a collaboration between DHEC and the vendor’s Graphic Artist. DHEC will provide a Microsoft Word table and contents will include directors letter, tips, health observances, calendar with holidays, and which picture to use for that particular month. The layout will be prepared by the vendor and must be returned to DHEC as a PDF on a CD. DHEC will meet with the apparent responsive and responsible vendor and preferably the graphic artist on what we want the layout to look like (i.e what should be on the covers and pages, as well as the design graphics). The vendor must identify the graphic artist by name at the meeting. DHEC will also work with the graphic artist over the phone, fax, and e-mail to assist them.
- 8) a) **QUESTION:** Budget. Is there money set aside for this project? **ANSWER:** Yes.
b) **QUESTION:** What was the quantity and cost of 2010 publication? Which vendor graphic and/or printer was selected? **ANSWER:** 40,000, \$0.43502 each, Sun, Inc., Orangeburg, S.C.
- 9) **QUESTION:** Do you need a hole drilled in your calendar? **ANSWER:** No.

VIII. BIDDING SCHEDULE

Layout and Printing of "Count For Good Health in 2011" calendar

Quantity	Unit of Measure	Unit Price	Extended Price	Delivery Date
25,000	Each	\$	\$	_____ days after receipt of order. Approximately 21 Days after receipt of order (ARO) <u>but no later than Monday, November 15, 2010.</u>
30,000	Each	\$	\$	
35,000	Each	\$	\$	
40,000	Each	\$	\$	
45,000	Each	\$	\$	

OVERRUNS/UNDERRUNS: No over runs or under runs will be accepted.

Item Description: See "State of S.C. Printing Specification Sheet" and Additional Specifications and Explanation of Details of the S.C. Printing Specifications Sheet below for additional specifications.

Question	Mandatory /Optional	Multiple Responses Accepted?	Response
ARE YOU REQUESTING THE SC RESIDENT CONTRACTOR PREFERENCE? SEE THE SC PROCUREMENT CODE, SECTION 11-35-1524(C) (1) (III) AND SECTION IIB OF THIS SOLICITATION FOR MORE INFORMATION. FOR A FAQ ON THESE PREFERENCES, PLEASE SEE WWW.PROCUREMENT.SC.GOV/PREFERENCES	Mandatory	No	_____ Yes _____ No
ARE YOU REQUESTING THE SC RESIDENT VENDOR PREFERENCE? SEE THE SC PROCUREMENT CODE, SECTION 11-35-1524(C)(1)(I)&(II) AND SECTION IIB OF THIS SOLICITATION FOR MORE INFORMATION. FOR A FAQ ON THESE PREFERENCES, PLEASE SEE WWW.PROCUREMENT.SC.GOV/PREFERENCES	Mandatory	No	_____ Yes _____ No
ARE YOU REQUESTING THE SC RESIDENT SUBCONTRACTOR PREFERENCE-2%? SEE THE SC PROCUREMENT CODE, SECTION 11-35-1524(D) AND IIB & VIIB OF THIS SOLICITATION FOR MORE INFORMATION. FOR A FAQ ON THESE PREFERENCES, PLEASE SEE WWW.PROCUREMENT.SC.GOV/PREFERENCES	Mandatory	No	_____ Yes _____ No
ARE YOU REQUESTING THE SC RESIDENT SUBCONTRACTOR PREFERENCE-4%? SEE THE SC PROCUREMENT CODE, SECTION 11-35-1524(D) AND IIB & VIIB OF THIS SOLICITATION FOR MORE INFORMATION. FOR A FAQ ON THESE PREFERENCES, PLEASE SEE WWW.PROCUREMENT.SC.GOV/PREFERENCES	Mandatory	No	_____ Yes _____ No
SC/US END-PRODUCT PREF. SECTION 11-35-1524, IIB & VIIB. SELECT SC END PRODUCT PREFERENCE IF PRODUCT IS MADE, MANUFACTURED OR GROWN IN SC. SELECT US END PRODUCT IF PRODUCT IS MADE, MANUFACTURED OR GROWN IN THE US. SELECT NO IF NOT CLAIMING A PREFERENCE.	Mandatory	No	_____ Yes, I am claiming SC End Product Preference _____ Yes, I am claiming US End Product Preference _____ No, I am NOT claiming either preference

OPTIONAL COSTS: Not part of Award Criteria

Additional 1 set proof of cover-design and layout of a single month \$ _____
 Additional 1 set proof of the entire calendar design and layout \$ _____
 Additional 1 set Assembled, accurate full color proof of the entire calendar \$ _____